Our mission is to end preventable maternal and newborn deaths by deploying low-cost, sustainable solutions that improve the quality of care in government health systems.
Jacaranda Health is a non-profit organization started in 2017 that works to improve quality of care in public hospitals, where the vast majority of low-income women deliver their babies. We partner with government health systems to improve quality of care through high-impact interventions that are evidenced-based, tech-enabled and sustainable, to drive improvements in maternal and newborn health outcomes.

**THE CHALLENGE**

1. In Kenya, the maternal mortality ratio is notably high at 39 deaths per 1000 live births, of the 47 counties in the country, fifteen contribute to 98 percent of maternal mortality in the country (Kenya Demographic and Health Survey (KHDS)).

2. Only 8% of poor women in Kenya are able to access quality maternal health services, and many don’t have the right information at their fingertips to make informed choices about where to seek care, and when.

3. Almost 90% of facility-based maternal and newborn deaths are preventable by applying skilled care at the right time.

4. Simply expanding health care coverage is not enough. If we focused on improving the quality of maternal care and women’s access to it, we could prevent 1 million newborn deaths and half of all maternal deaths each year.
We partner with the government to address the drivers of poor maternal and neonatal health (MNH) by...

**Empowering Mums with Information:**
Ensuring new and expectant mothers get care at the right time and place via our digital health solution PROMPTS.

**Building Provider Capacity:**
Equipping frontline nurses with life-saving skills to serve mothers and babies and sustainably improve quality of care in public facilities through EmONC Mentorship.

**Partnering with Governments:**
Co-designing solutions with national and county governments to ensure that solutions are context-specific and can be owned by government.

**Leveraging Data & Insights:**
Using dashboards and insights to provide ‘finger on the pulse’ health system insights and track the impact of our work.

55% of maternal deaths are caused by delays in action or inadequate care by providers.

33% of maternal deaths are caused by delays in seeking care.

**OUR CORE PROGRAMS**
This is an AI-enabled digital health platform empowering women with FREE information with the aim of positively influencing health seeking behavior and connecting women and babies to life-saving care. Mothers receive tips and reminders by SMS, and they have the option of sending in their questions to a clinically-trained helpdesk team who connects them to facilities depending on their concerns. If a mother needs additional assistance, helpdesk agents will call them and coordinate further care.

We work with the Ministry of Health and 20 counties to deploy sustainable, scalable solutions across 800+ government hospitals and health centres, where the majority of underserved mothers and babies receive care.

HOW PROMPTS WORKS

**SMS “Nudge” messages**
Influencing key behaviors linked with better outcomes, including antenatal visits, postnatal care, postpartum family planning, and breastfeeding.

**A Clinical Helpdesk**
Responding to mothers’ questions about pregnancy and the postpartum period, and referring urgent cases to life saving care.

**Artificial Intelligence**
Triaging and categorizing mothers’ questions and flagging clinically urgent questions to the helpdesk for follow-up and referral.

**Data & Dashboards**
Capturing data on mums’ experience and clinical quality of care in facilities to help health management teams make targeted improvements to service delivery.
PROMPTS IN ACTION

83% of mothers that our PROMPTS Help Desk flag for danger signs to seek care at the hospital.

Facilities with PROMPTS have a 20% increase in mothers completing 4 ANC visits compared to equivalent non-participating facilities.

A randomized controlled trial (RCT) conducted with 900 women demonstrated that PROMPTS users are 2.3x more likely to take up family planning compared to control group.

Our AI-powered Help Desk agents respond to urgent messages within 2 hours, spurring mothers to act quickly when they recognize infant and maternal danger signs.
EMONIC MENTORSHIP

Our EmONC Mentorship program is cost-effective training for providers that can be deployed within a facility, to improve life-saving skills. This program is a combination of;

- **COACHING**
- **LECTURES**
- **SKILLS**
- **DRILLS**

All delivered in the facility by a peer. The aim is to empower government midwives to provide standardized peer coaching and mentorship. Our experienced team of Jacaranda Health EmONC Mentors work alongside government nurses in public hospitals to build a culture of quality and sustained improvements in obstetric skills - these government nurses in turn become EmONC in-facility mentors in their hospitals.

**400+**

nurses and midwives have been trained by Jacaranda skilled mentors

Mentored providers facilities’ consistently perform 90+% of essential clinical steps during a delivery

**80+%**

Neonatal Resuscitation Skills test score achieved

**50%**

cost-share with County Governments

**40%**

cost reduction compared to alternative training options with better and more sustained outcomes.
SUPPORTING PROVIDERS VIRTUALLY THROUGH QUALITY LEARNING CONTENT – AT THEIR FINGERTIPS

In addition, in-facility mentors and healthcare providers can also improve their skills and engage with learning content through our self-guided learning platform DELTA (Digital EmONC Learning Trainer and Assistant). Jacaranda adapted its Mentorship curriculum onto a digital platform to enable health care providers to build and refresh their skills in emergency care remotely. Providers across Kenya now enroll through Whatsapp, to access a series of self-paced learning modules, with their progress virtually marked and validated by program mentors.

Impact: 1,200+ health providers learnt critical emergency care skills through DELTA, with modules covering subjects like neonatal resuscitation, postpartum hemorrhage (excessive bleeding after pregnancy), respectful maternity care, infection prevention, and post-abortion care.
Due to the unpredictable nature of birth complications, hospitals or birthing centers with access to surgical and sick newborn care within 30 minutes are the best option for all deliveries.

SDR looks at the different components of the MNH system and offers a cross-sectional strategy that helps to rethink MNH service delivery, using innovation and insights, to ensure mothers access the best quality of care, at the right time to improve maternal and newborn survival. SDR project has received approval from the County Health Management Team to be piloted in Kakamega County as one of the counties reporting high maternal and newborn mortalities and morbidities in Kenya. Project implementation targets the entire county in phases starting with Malava, Lugari and Butere Sub-counties in phase one.

The project’s success will require restructuring health systems so that all women deliver in hospitals (level 4s and above) which provide the full scope of obstetric and neonatal care for complications including caesarean section, blood transfusion and care for sick mothers and newborns while level 2 & 3 facilities provide quality antenatal, postnatal, and newborn care. For redesign to save lives, investments are needed to ensure quality of care, access, equity and financial protection, in line with Kenya’s UHC agenda.

This is a shift from the current approach for delivery care in which about 1 in 3 deliveries in Kenya and peer countries are in non-hospital facilities. It is based on evidence that providing delivery care in primary care facilities, even with the best efforts at risk stratification and referral, cannot guarantee survival for mothers and their newborns.

**SERVICE DELIVERY REDESIGN (SDR)**

**Improving Access to Care**
Introducing low-cost transport options to get mums to care faster.

**Expanding Hospital Capacity**
Building better infrastructure, equipment and therapies to ensure mums deliver in well-functioning hospitals.

**Increasing Human Resources**
Ensuring there are enough specialized, well-trained clinicians to deliver timely, advanced, and dignified care to mothers.

**Ensuring Community Acceptance**
Taking a participatory approach where communities inform and play a role in making the health system fit for purpose.
The Kuboresha Afya Mitaani (KAM) aims to contribute to better maternal, newborn, and child health (MNCH) outcomes for almost 60,000 of Nairobi's most vulnerable women and children living in target areas of the informal settlements Kawangware and Mathare. The KAM project aims to integrate typically siloed actors in the quality of care space – individuals, communities, facilities and their providers, health regulators and actors beyond the health sector – into a ‘Quality Ecosystem’.

The Ecosystem ensures these solutions are integrated within a cycle with ‘positive feedback’, i.e., mutually reinforcing incentives or features, to improve maternal and child health outcomes.
Postpartum hemorrhage (excessive bleeding after delivery) is the most common cause of maternal death. Last year, Jacaranda noticed maternity nurses in Kenya were struggling to identify blood supplies, which was costing lives. Nurses were losing precious minutes as they manually called neighboring facilities, hoping for enough units of the right blood type and product for their emergency. Realizing low-cost technology could streamline the process, we launched a simple blood tracker tool connecting providers needing blood to the closest facilities who could provide it.

**SAVING TIME, AND SAVING LIVES THROUGH SIMPLE AUTOMATION—JACARANDA’S BLOOD TRACKER TOOL**

**USING THE BLOOD TRACKER TOOL IN A MEDICAL EMERGENCY**

1. **SEARCH FOR BLOOD**
   Health provider inputs needed blood by type, product and units.

2. **FIND A FACILITY**
   A map shows the nearest facilities that have the appropriate blood stocks.

3. **MAKE A REQUEST**
   Health provider can call or notify the right facility through the tool’s dashboard.

4. **LAB GETS NOTIFIED**
   A lab manager receives the notification of the request.

5. **BLOOD IS SENT OUT**
   Donor facilities fill in a dispatch form and immediately send out the needed blood.

6. **A LIFE IS SAVED**
   The patient receives the right blood, at the right time.

**3x**
Maternity Nurses are updating the tracker an average of three times daily.
We leverage our expertise in maternal and newborn health and the data collected through our platforms to help Kenya’s national and county governments make targeted health system improvements, and inform policies that advance equity in care delivery. Our programs are designed with government ownership in mind. Our PROMPTS platform is built on open source tools to give our government partners comfort over its sustainability and integration with existing national data systems. Learnings from our EmONC mentorship program are also informing a National EmONC Mentorship Package, aimed at upskilling nurses across the country. We also ensure their cost-effectiveness.

In 2021 our county partners embraced the opportunity to cost share PROMPTS as a high impact innovation at less than USD 0.80 per mum. X counties are contributing 50% of EmONC mentorship program costs – a solution proven to be 40% cheaper per health provider than a five day classroom training.
Our impact to date would not be possible without our partners. By working hand-in-hand with county and national governments, alongside implementing, research, and financial partners, Jacaranda Health has been able to bridge gaps in health access and quality care for over 700,000 women across Kenya. Over the next two years, we aim to scale up to a critical mass of public hospitals, setting the stage to make sustained improvements in maternal and newborn outcomes, strengthen Kenya’s health system, and expand our model to serve mums in new countries. By the end of 2023, we will be directly improving the quality of care for over 1.5 million mothers and babies by rolling out PROMPTS at a national level in Kenya, and deploying our mentorship solutions in over 200 high-volume public hospitals to 8,000 frontline nurses as a national standard of care.

Looking Forward

Driving a Better Future for Mums & Babies in Kenya, and Beyond...

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